

Defendant	Offender's Name (Last, First, Middle)		Date of Birth	Sex	Male	Form																																																																																																																																																							
	MCNAUL, Edward J.		2/14/69	Female	1	of 2																																																																																																																																																							
Judge's Name	State ID Number		Police Photo ID Number	Social Security Number		Race																																																																																																																																																							
	LOBAUGH, OLIVER			-5701		White	Hispanic	Am. Indian																																																																																																																																																					
County	Person Completing Form		Date of Sentence																																																																																																																																																										
	Panzer		10/26/98																																																																																																																																																										
<p><input type="checkbox"/> If same Prior Record Score information is found on another form, attach that document and do not enter information again. Give Commission Form ID # from that form.</p> <table border="1"> <tr> <td>Juvenile Adjudication</td> <td>Adult Conviction</td> </tr> <tr> <td>Murder & Inchoates</td> <td></td> </tr> <tr> <td>Vol. Manslaughter</td> <td></td> </tr> <tr> <td>Rape</td> <td></td> </tr> <tr> <td>Kidnapping</td> <td></td> </tr> <tr> <td>I.D.S.I.</td> <td></td> </tr> <tr> <td>Arson (F-1/person)</td> <td></td> </tr> <tr> <td>Robbery (SBI)</td> <td></td> </tr> <tr> <td>Rob. Motor Veh (SBI)</td> <td></td> </tr> <tr> <td>Agg. Assault (SBI)</td> <td></td> </tr> <tr> <td>Drug Del. Death</td> <td></td> </tr> <tr> <td>Burglary (house/person)</td> <td></td> </tr> <tr> <td>Ethnic Intimidation to F1</td> <td></td> </tr> </table> <p>Add # of offenses in each block & enter sum</p> <table border="1"> <tr> <td>Inchoate to 4 pt. off's</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Arson (F1/no person)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Robbery (other F1)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Robbery Motor Vehicle (no SBI)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Agg. Assault (att. SBI)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Burglary (other F1)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Agg. Indecent Assault</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sexual Assault</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Felony 1s</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Add # of offenses in each block & enter sum</p> <table border="1"> <tr> <td>Felony 2s</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fel. Drugs [>= 50gr.]</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Felony drugs</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Felony 3s</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>M1 - Death</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>M1 - Weapon</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>M1 - Children</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>M1 - DUI</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Add # of offenses in each block & enter sum</p> <table border="1"> <tr> <td>Other Misd.</td> <td>0-1=0</td> <td>4-6=2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2-3=1</td> <td>7+ =3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>PROR RECORD SCORE: If A is 8 points or greater, and the OGS = 9 or more: Otherwise, if A + B is 6 points or greater: Otherwise, PRS = A + B + C [maximum = 5]:</p> <p>PRS = REVOC PRS = RFEI PRS =</p>							Juvenile Adjudication	Adult Conviction	Murder & Inchoates		Vol. Manslaughter		Rape		Kidnapping		I.D.S.I.		Arson (F-1/person)		Robbery (SBI)		Rob. Motor Veh (SBI)		Agg. Assault (SBI)		Drug Del. Death		Burglary (house/person)		Ethnic Intimidation to F1		Inchoate to 4 pt. off's					Arson (F1/no person)					Robbery (other F1)					Robbery Motor Vehicle (no SBI)					Agg. Assault (att. SBI)					Burglary (other F1)					Agg. Indecent Assault					Sexual Assault					Other Felony 1s					Felony 2s							Fel. Drugs [>= 50gr.]							Other Felony drugs							Felony 3s							M1 - Death							M1 - Weapon							M1 - Children							M1 - DUI							Other Misd.	0-1=0	4-6=2						2-3=1	7+ =3												Offense Name/Description		Date of Offense
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MANDATORY		ENHANCEMENT																																																																																																																																																											
<input type="checkbox"/> None <input type="checkbox"/> Drugs to Minors (18-6314) <input type="checkbox"/> Drug Trafficking (18-7508) <input type="checkbox"/> Visible Firearm (42-9712) <input type="checkbox"/> Two/Three Strikes (42-9714) <input type="checkbox"/> Elderly (42-9717) <input type="checkbox"/> Children (42-9718) <input type="checkbox"/> DUI (75-3731) (below): 1st 3rd 2nd 4th+ <input type="checkbox"/> Other		<input type="checkbox"/> None <input type="checkbox"/> Deadly Weapon/Possessed <input type="checkbox"/> Deadly Weapon/Used Weapon: Type: _____ <input type="checkbox"/> Youth/Drug Distribution <input type="checkbox"/> School/Drug Distribution																																																																																																																																																											
<input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER INFORMATION																																																																																																																																																											
<input type="checkbox"/> Drug Dependent <input type="checkbox"/> IP Eligible <input type="checkbox"/> Boot Camp Eligible <input checked="" type="checkbox"/> PSI Completed <input type="checkbox"/> D&A Eval. Completed <input type="checkbox"/> Sexually Viol. Predator																																																																																																																																																													
CONFINEMENT/INTERMEDIATE PUNISHMENT																																																																																																																																																													
<input checked="" type="checkbox"/> Confinement/State Facility <input type="checkbox"/> Confinement/County Facility		Boot Camp Authorized	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																																																																																																									
Minimum:		16	[mos.]																																																																																																																																																										
Maximum:		84	[mos.]																																																																																																																																																										
Credit for Time Served: _____ [days]																																																																																																																																																													
<input type="checkbox"/> Intermediate Punishment RIP Period: _____ [mos.] Program(s): _____ RS Period: _____ [mos.] Program(s): _____																																																																																																																																																													
If DRUG DEPENDENT: Is IP consistent with clinical recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																													
RESTORATIVE SANCTIONS																																																																																																																																																													
<input type="checkbox"/> Probation Period: _____ [mos.] Condition(s): _____ <input type="checkbox"/> Fines [Amt.] \$ _____ <input checked="" type="checkbox"/> Restitution [Amt.] \$ 159.17 <input checked="" type="checkbox"/> Costs [Amt.] \$ _____ <input type="checkbox"/> Guilty without further penalty [NFP]																																																																																																																																																													
GUIDELINE CONFORMITY		CONCURRENT/CONSECUTIVE																																																																																																																																																											
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Aggravated <input type="checkbox"/> Mitigated		Departure	This sentence is: <input type="checkbox"/> Concurrent to: _____ <input checked="" type="checkbox"/> Consecutive to: CR 183-98 <input type="checkbox"/> TOTALLY CONCURRENT																																																																																																																																																										
Write reasons on back of form.																																																																																																																																																													

TYPE OF DISPOSITION		
<input type="checkbox"/> Neg. Guilty Plea	<input type="checkbox"/> Bench Trial	<input type="checkbox"/> Not Contender
<input type="checkbox"/> Non-Neg. Guilty Plea	<input type="checkbox"/> Jury Trial	<input type="checkbox"/> Other
JUDGE'S SIGNATURE		
DATE		

PLEASE INDICATE THE CUMULATIVE SENTENCE IMPOSED DURING THE JUDICIAL PROCEEDING					
Minimum Confinement: 30 (mos.)					
Maximum Confinement: 144 (mos.)					
Other:					